Discharge Summary

Patient Name:

_____

Patient ID:

_____

Date of Admission:

_____ / _____ / _____

Date of Discharge:

_____ / _____ / _____

Age:

_____

Sex:

_____

Diagnosis

_____

_____

History of Present Illness

_____

_____

Hospital Course

_____

_____

Relevant Investigations

- _____
- _____

Treatment Given

- _____
- _____

Discharge Medications

- _____
- _____

Advice & Follow-up

_____

_____

Prepared By:

_____

Date:

_____ / _____ / _____